

# VENTURA LAFCO

## WATER & WASTEWATER SERVICE REVIEW

### PART I

#### 1. Contact Information (all agencies)

a. Name of City/District: Hidden Valley Municipal Water District

Mailing Address: P.O. Box 917

City Newbury Park State CA Zip 91319-

Primary Office Address (if different): 1644 Hidden Valley Road

City Thousand Oaks State CA Zip 91361-

Telephone: (805) 498-8139 Fax: (805) 498-8139

E-Mail: \_\_\_\_\_

b. Manager (Chief Staff Official):

Last Name: Mayer First Name: Eric D.

Title President

Mailing Address (if different than contact):

Address P.O. Box 917

City: Newbury Park State: CA Zip 91319-

Telephone (805) 494-7171 Ext. \_\_\_\_\_ Fax \_\_\_\_\_

E-mail: \_\_\_\_\_

c. Contact (if different than manager):

Last Name: Bingham First Name: Jill P.

Title Clerk of the Board

Address: Same

City: \_\_\_\_\_ State: CA Zip \_\_\_\_\_

Telephon (805) 498-8139 Ext.: \_\_\_\_\_ Fa (805) 498-8139

E-mail: jesss@lagerlof.com

d. Legal Counsel: H. Jess Senecal

Title: Attorney at Law

Mailing Address (if diferent than m 301 N. Lake Avenue, 10th Floor

City: Pasadena State: CA Zip 91101-

Telephone (626) 793-9400 Ext: \_\_\_\_\_ Fax (626) 793-5900

E-mail jesss@lagerlof.com

Agency Name: Hidden Valley Municipal Water District

**Governance Information (all agencies)**

a. Agency Type (check all that apply)

- ☐ City      Date of Incorporation: \_\_\_\_\_  
☐ General Law    ☐ Charter  
☒ Independent Special District    ☐ Dependent Special District

Enabling Legislation (citation for principal act)

California Water Code Sections 71000-73001

Date of Formation: 6/2/1960

b. Governing Body:

- ☐ City Council    ☐ Board or Directors    ☐ Other (specify) \_\_\_\_\_

Number of Members 5

How are members selected ☒ at large vote    ☐ voting districts

☐ voting divisions    ☐ appointment at large    ☐ appointment by district

☐ other (specify) \* Members than ran unopposed were appointed by Ventura Board of Supervisors on September 24,

If elected, date of last election November 5, 2002\*

How may members ran unopposed: 2

Terms of office ☒ 4 year    ☐ 2 year

☐ Other (specify) \_\_\_\_\_

c. Current Member Data (attach extra sheets if needed)

Name: Eric D. Mayer      Title: President

☒ Elected or ☐ Appointed      Expiration Date of Term 12/ 3/2004

Name: A. Richard Grossman      Title: Vice President

☒ Elected or ☐ Appointed      Expiration Date of Term: 12/ 5/2006

Name: Richard B. Principe      Title: Secretary

☒ Elected or ☐ Appointed      Expiration Date of Term: 12/ 3/2004

Name: Kenneth F. Hinthner      Title: Director

☒ Elected or ☐ Appointed      Expiration Date of Term: 12/ 5/2006

Name: Lane Weitzman      Title: Director

☒ Elected or ☐ Appointed      Expiration Date of Term: 12/ 3/2004

Name: \_\_\_\_\_      Title: \_\_\_\_\_

☐ Elected or ☐ Appointed      Expiration Date of Term: \_\_\_\_\_

Name: \_\_\_\_\_      Title: \_\_\_\_\_

☐ Elected or ☐ Appointed      Expiration Date of Term: \_\_\_\_\_

Agency Name:

## Hidden Valley Municipal Water District

d. Compensation (of elected officials)

Basic Stipend: \$0.00 ☒ per meeting or ☐ per month

District compensation: ☐ GovCompDC Mileage amount per mile:

☐ Meals    none paid                      ☐ Monthly travel    Amount: \_\_\_\_\_☐ Other Spec \_\_\_\_\_

Insurance Coverage ☐ Life none

☐ Medical \$0.00 ☐ Dental \$0.00

☒ Other (Specify): Comp. General Liability & Errors & Omissi Amount: \$5,000.00

Retirement Benef	none
------------------	------

Amount: \_\_\_\_\_

Is there a limit on the amount a board member/city council member can earn

☒ Check for Yes blank for No      Amount:      \$100.00

Are new board members provided with an orientation session with the General Manager/City Manager?

☐ Check for Yes blank for No      With Legal Council?    ☒ Check for Yes blank for No

#### e. Meeting Information

Regular Scheduled meetings day:: Last Sat. of Jan. (annual) Time: 9:00 AM

Regular meeting location: Address: 320 W. Stafford Rd

City: Thousand Oaks

ZipCode: 91361

Is location easily accessible to the public ☒ Check for Yes blank for No

Does the location of your meetings comply with requirements of the Americans with Disabilities Act (ADA)? ☒ Check for Yes blank for No

List ways notice of regular meetings is given to the public:

Notice posted at office and near meeting site as required by law (quarterly meetings are last Wed. of April, July, and Oct. 5:00 p.m. 1644 Hidden Valley Road, Thousand Oaks, CA 91361)

Does your agency conduct regular reviews of the requirements of the

Brown Act ☒ Check for Yes blank for No FPPC ☒ Check for Yes blank for No

Public disclosure requirements ☒ Check for Yes blank for No

Date of Last review session: 1/1/2003

Has your agency been cited for a violation of the Brown Act and/or  
 FPPC regulations in the previous two years?

☐ Check for Yes blank for No



Agency Name:

Hidden Valley Municipal Water District

### 3. Employee Information (all agencies)

*Executive/Management staff is defined as department head or above; Professional/Support is defined as staff whose primary function is related to supervision, management or administration of wastewater functions; Operational staff is defined as staff whose primary function is the direct provision of water or wastewater services.*

**a. Total No. of Employees** \_\_\_\_\_ 1

Executive and Management \_\_\_\_\_ Professional and Support \_\_\_\_\_

Operational: \_\_\_\_\_ Other (Specify): Secretary (partime) Number: \_\_\_\_\_

**b. Number of Employees in all aspects of Water Service**

Executive and Management \_\_\_\_\_ Professional and Support \_\_\_\_\_

Operational \_\_\_\_\_ Other (Specify) \_\_\_\_\_ Number: \_\_\_\_\_

**c. Number of Employees in all aspects of Wastewater Service**

Executive and Management \_\_\_\_\_ Professional and Support \_\_\_\_\_

Operational \_\_\_\_\_ Other (Specify) \_\_\_\_\_ Number: \_\_\_\_\_

**d. How many employee bargaining units are recognized?** (list the number and the name of each bargaining unit):

How many Employees are represented: \_\_\_\_\_ Agency Total: \_\_\_\_\_

Water Service: \_\_\_\_\_

Wastewater Service \_\_\_\_\_

What are the dates and terms of the last bargaining agreements

Agency Name Hidden Valley Municipal Water District

**4. Financial Information (all agencies)**

**a. Service Cost Information:**

List current rates for all categories of services

\$10 per acre per year standby charge

Water Agencies – what are the rates in terms of acre-feet

none

Wastewater Agencies – what are the rates in terms of MGD \_\_\_\_\_

Rate changes in last two years:

none

Specify rate changes anticipated in next two years:

none

Specify any rate differential charged for customers in the agency's boundaries versus rates charged for customers outside agency's boundaries?

none

**b. Budget Information for the Last Three Fiscal years:**

Are adopted budgets posted on the agency website? ☐ Check for Yes Blank for No

Are copies of adopted budgets available to the public ☒ Check for Yes Blank for No

**FY 2000-2001:** Revenues: 56,627 Expenses: 12,093

Capital Improvements: \_\_\_\_\_ Reserves: 44,534

(For cities and dependent districts) please note charges assigned to water and/or wastewater budget which are transferred to the General Fund: \_\_\_\_\_

**FY 2001-2002:** Revenues: 40,564 Expenses: 33,933

Capital Improvements: \_\_\_\_\_ Reserves: 6,631

(For cities and dependent districts) please note charges assigned to water and/or wastewater budget which are transferred to the \_\_\_\_\_

**FY 2002-2003:** Revenues: 30,000 Expenses: 25,000

Capital Improvements: \_\_\_\_\_ Reserves: 5,000

(For cities and dependent districts) please note charges assigned to water and/or wastewater budget which are transferred to the General Fund: \_\_\_\_\_

Agency Name: **Hidden Valley Municipal Water District**

**c. Revenues Sources for the Last Three Fiscal Years for all Agencies: Please fill in amount and percentage of the total of revenues.**

FY 2000-2001:			Voter Approved	Sunset Date
Property Taxes:	<u>6,417</u>	% <u>11.00%</u>	<input type="checkbox"/> Check for Yes Blank for No	_____
Special Taxes:	<u>77</u>	% _____	<input type="checkbox"/> Check for Yes Blank for No	_____
Service Charges:	_____	% _____	<input type="checkbox"/> Check for Yes Blank for No	_____
Fees:	_____	% _____	<input type="checkbox"/> Check for Yes Blank for No	_____
Assessments:	_____	% _____	<input type="checkbox"/> Check for Yes Blank for No	_____
Stand-by Charges	<u>34,090</u>	% <u>60.00%</u>	<input type="checkbox"/> Check for Yes Blank for No	_____
Grants:	_____	% _____	<input type="checkbox"/> Check for Yes Blank for No	_____
Other (Specify):	<u>Interest</u>	Amount: <u>16,043</u> % <u>28.00%</u>		

FY 2001-2002:			Voter Approved	Sunset Date
Property Taxes:	<u>4,276</u>	% <u>11.00%</u>	<input type="checkbox"/> Check for Yes Blank for No	_____
Special Taxes:	<u>66</u>	% _____	<input type="checkbox"/> Check for Yes Blank for No	_____
Service Charges:	_____	% _____	<input type="checkbox"/> Check for Yes Blank for No	_____
Fees:	_____	% _____	<input type="checkbox"/> Check for Yes Blank for No	_____
Assessments:	_____	% _____	<input type="checkbox"/> Check for Yes Blank for No	_____
Stand-by Charges:	<u>28,074</u>	% <u>69.00%</u>	<input type="checkbox"/> Check for Yes Blank for No	_____
Grants:	_____	% _____	<input type="checkbox"/> Check for Yes Blank for No	_____
Other (Specify):	<u>Interest</u>	Amount: <u>8,148</u> % <u>20.00%</u>		

FY 2002-2003:			Voter Approved	Sunset Date
Property Taxes:	_____	% _____	<input type="checkbox"/> Check for Yes Blank for No	_____
Special Taxes:	_____	% _____	<input type="checkbox"/> Check for Yes Blank for No	_____
Service Charges:	_____	% _____	<input type="checkbox"/> Check for Yes Blank for No	_____
Fees:	_____	% _____	<input type="checkbox"/> Check for Yes Blank for No	_____
Assessments:	_____	% _____	<input type="checkbox"/> Check for Yes Blank for No	_____
Stand-by Charges:	<u>15,055</u>	% _____	<input type="checkbox"/> Check for Yes Blank for No	_____
Grants:	<u>0</u>	% <u>0.00%</u>	<input type="checkbox"/> Check for Yes Blank for No	_____
Other (Specify):	<u>Interest</u>	Amount: _____ % _____		

Are areas annexing to your agency accessed stand-by charges (click for yes): ☐

If so what is the amount of the stand-by charge

\_\_\_\_\_

Are areas annexing to your agency required to pay a share of exting bonded indebttness? (click for yes) ☐

If yes what is the amount:

\_\_\_\_\_



Agency Name Hidden Valley Municipal Water District

**d. Reserves:**

**Reserve Definitions:**

- 1) *Unallocated General Reserves. Funds set-aside for any budgetary short falls during the fiscal year or for purposes not specifically designated in any other reserve fund.*
- 2) *Capital Reserve Fund. Funds for infrastructure expansion, construction and replacement.*
- 3) *Operating Rate Stabilization Fund. Funds to protect users from fluctuations in rates.*
- 4) *Restricted Debt Reserves. Funds set aside to pay back debt.*
- 5) *Other Reserves. Funds set aside for specific purposes (i.e., scholarship, contingency, specify projects), varies by district.*

Reserve Definitions	FY 2002-2003	FY 2001-2002	FY 2000-2001
Total Reserves as % of Total Revenue	16.00%	16.00%	18.00%
Operating Reserves	17	16	78
Capital Reserve Fund	345,784	340,784	334,153
Operating and Rate Stabilization Fund			
Restricted Debt Reserves			
Other Reserves			

**e. Audits**

Date of last independent audit: 11/6/2002

Who conducted last independent audit? Barry Matthews, CPA

Was the audit qualified in any way? No

**f. Bonds:**

What is your agency's bond rating? \_\_\_\_\_

What was the source of the rating? \_\_\_\_\_

Agency Name:

Hidden Valley Municipal Water District

## 5. Government Structure (all agencies)

a. Has your agency been involved in a reorganization study in the previous two years? (Check for Yes)

☐

b. Has your agency been the subject of a grand jury in the previous two years? (Check for Yes)

☐

c. Describe any litigations your agency has been involved in the previous two years.

---

d. Identify any limitations that might affect possible government structure options including:

Enabling legislation/charter:

---

Pending litigation:

---

Court judgement:

---

Legal issues:

---

Restricted assets:

---

Financial constraints:

---

Other:

Under current law there can be no change in government structure without consent of the voters

---



Agency Name: Hidden Valley Municipal Water District

## 6. Service Information (all agencies)

**a. Provide a list of services provided by your agency:**

---

Provide a brief narrative description of the service area for water service.

At present the Board monitors growth and development, water demand and water supplies through informal information gathering procedures to determine the amounts required to maintain adequate supplies to meet demand. When service is required, it will be provided to the entire District territory on a non-discriminatory basis.

---

Provide a brief narrative description of the service area for wastewater service.

---

**b. Estimated January population in agency's boundaries:** 120

Size in acres: 4,800

**c. Estimated January 2003 population in sphere influence:** 120

Size in acres: 4,800

Agency Name	Hidden Valley Municipal Water District
-------------	--

## 7. Service Information (WATER AGENCIES OR DEPARTMENTS ONLY)

a. Total number of customers    Retail                      Wholesale:

**b. Total Number of water service connections in Agency Boundaries**

Domestic \_\_\_\_\_ Agricultural: \_\_\_\_\_ M()I \_\_\_\_\_

Reclaimed: \_\_\_\_\_ Other (specify): \_\_\_\_\_ Amount of Other: \_\_\_\_\_

**c. Total Number of water service connections in Agency Sphere of Influence but outside Boundaries:**

Domestic \_\_\_\_\_ Agricultural: \_\_\_\_\_ M()I \_\_\_\_\_

Reclaimed: \_\_\_\_\_ Other (specify): \_\_\_\_\_ Amount of Other: \_\_\_\_\_

**d. Total Number of water service connections outside Agency Boundaries and Sphere of Influence:**

Domestic \_\_\_\_\_ Agricultural: \_\_\_\_\_ M()I \_\_\_\_\_

Reclaimed: \_\_\_\_\_ Other (specify): \_\_\_\_\_ Amount of Other: \_\_\_\_\_

**e. Shared Facilities:**

**Provide location information (street address, Assessor's Parcel No. etc.) for each connection outside agency's boundaries:**

[illegible]

**f. Does your agency have a master plan? (Check for Yes)** ☐

Date of current master plan:

Date of previous master plan: \_\_\_\_\_

Hidden Valley Municipal Water District

If your agency relies on groundwater, what additional non-groundwater storage capacity have you developed?



Agency Name:

Hidden Valley Municipal Water District

## 8. Service Information (WASTEWATER AGENCIES ONLY)

a. Does your agency have a master plan? (check for yes) ☐ SerInfoWWAMP

Date of current master plan: \_\_\_\_\_ Date of previous master plan: \_\_\_\_\_

---

### b. Number of wastewater service connections in agency boundaries

Residential: \_\_\_\_\_ Commercial: \_\_\_\_\_ Industrial: \_\_\_\_\_

Other (specify) \_\_\_\_\_ Amount of Other: \_\_\_\_\_

---

### c. Number of wastewater services in agency Sphere of influence, but outside boundaries

Residential: \_\_\_\_\_ Commercial: \_\_\_\_\_ Industrial: \_\_\_\_\_

Other (specify): \_\_\_\_\_ Amount of Other: \_\_\_\_\_

Provide street address, assessor's parcel no. ect. for each connection outside agency boundaries

---

### d. Number of wastewater services outside agency boundaries and Spheres of Influence

Residential: \_\_\_\_\_ Commercial: \_\_\_\_\_ Industrial: \_\_\_\_\_

Other (specify) \_\_\_\_\_ Amount of Other: \_\_\_\_\_

Provide street address, assessor's parcel no. ect. for each connection outside agency boundaries

---

Agency Name

Hidden Valley Municipal Water District

**e. Wastewater Service Connections:**

Total number of wastewater service connections:

Wastewater treatment facilities (provide for each facility): *include another sheet if necessary*

Location of treatment facility \_\_\_\_\_

Miles of Lines \_\_\_\_\_ Type: \_\_\_\_\_ Capacity (MGD) \_\_\_\_\_

Year built: \_\_\_\_\_ Year capacity last expanded \_\_\_\_\_

What permits are required for facilities: \_\_\_\_\_

Are required permits current (check box for yes) ☐

Does your agency have permit violations? (check box for yes) ☐

Is your agency applying for new permits or permit amendments? (check box for yes) ☐

If yes, what permits? \_\_\_\_\_

\_\_\_\_\_

Location of treatment facilities: \_\_\_\_\_

Miles of lines: \_\_\_\_\_ Type: \_\_\_\_\_ Capacity: \_\_\_\_\_

Year Built: \_\_\_\_\_ Year capacity last expanded: \_\_\_\_\_

What permits are required for facilities: \_\_\_\_\_

Are required permits current (check box for yes) ☐

Does your agency have permit violations? (check box for yes) ☐

Is your agency applying for new permits or permit amendments? (check box for yes) ☐

If yes, what permits? \_\_\_\_\_

## 8. Service Information

**f. List current share activity with other service providers and provide a brief description**

☐ Joint Power Authorities (JPA's)

\_\_\_\_\_

☐ Memorandums of Understanding (MOUs)

\_\_\_\_\_

☐ Service Agreements:

\_\_\_\_\_

☐ Purchasing Agreements:

\_\_\_\_\_

☐ Equipment Sharing:

\_\_\_\_\_

☐ Insurance Pools:

\_\_\_\_\_

☐ Joint Funding:

\_\_\_\_\_

☐ Other:

\_\_\_\_\_

**g. Agency Function:**

List Agency Functions that are Provided by:

Private Contractors: \_\_\_\_\_

Other: \_\_\_\_\_

Annual savings produced by using contractors/other agencies \_\_\_\_\_

Other? \_\_\_\_\_

\_\_\_\_\_

List any excess capacity, facilities or staff which can be made available by your agency

\_\_\_\_\_